THE CLEVELAND MUSEUM OF ART

FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

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Collaborator if any	Artist	JOSEPH	FLGIN
VIII		FIRST NAME	LAST NAME
MIN Address 6420 FOROWICKRO PARMA HTS	30	CUYAHOGA	Tel. TU 5 4774
NO. STREET CITY	ZIP CODE	COUNTY	
Out-of-town residents should state whether return shipment is required.	0		
Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank			

Born in Cleveland

YES NO

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
5		\$ 10	1, GULL	PHOTO GRAPHY	5	218 AX
_ 5		\$ 10	2, RELENTIESS STEA	11	- 11	219 RV-
_ 5		110	3. COMPOSITION #3	n	11	220 Rr

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.